## "RETROACTIVE REINSTATEMENT"

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

A For the 2018 calendary year, or tax year beginning			of the Treasury nue Service		<ul> <li>Do not enter soci</li> <li>Go to www.irs.i</li> </ul>					1 / 1 ' //	Open to Public Inspection
BCRA ALPHA ASSOCIATION OF THETA XI, INC.  Deng business as  Series Serie		_		dar year, or to		<u> </u>		-		<del></del>	
BETA ALPHA ASSOCIATION OF THETA XI, INC.   Dong business as	B	heck if	C Name o						D Employ	er identificat	ion number
Don'th business and street (or P.O. box of mails and delivered to street address)    Comparison   Comparison	a										
Disrig business as whether and street (or P.O. box if mail is not delivered to street address)    Member and street or province, country, and ZIP or foreign postal code   Construences		_chang		<u>L ALPHA</u>	ASSOCIATION ASSOCI						
Number and street (if \(^1\) STREET   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, country, and ZIP or foreign postal code   Cty or town, state or prounce, coun	<u> </u>	_chang	e Doing b							<u>58-603</u>	36553
City or fown, state or province, country, and ziP or foreign postal code  ATLANTA, GA 30318    Particle   Part   Particle   Particle   Part   Particle   Part   Particle   Part   Particle   Particle   Part   Particle   Part   Particle   Part   Particle   Part   Particle   Part   Particle   Part   Particle   Particle   Particle   Particle   Particle   Part   Particle   Particle   Particle   Particle   Particle   Particl	<u> </u>	return				t delivered to street	address)		ite E Telepho		
ATLANTA, GA 30318 Finance and address of pnonopal officer MR. MICHAEL GILBERT    Salanes   Salan	L	_return،	. —				-	μ09			
SAME AS C ABOVE   Tax-exempt status   Solicity   XI Solicity   Tax-exempt status   Solicity   XI S	v	ated	City or t			and ZIP or foreigr	n postal code				
SAME AS C ABOVE	├ <del>^</del>	Applic				р мтсная	T. GILBE	יחיםי			
Tarkexempt status   501(c)(3)   501(c) (7 )   (meert no.)   4947(a)(1) or   527   Mebsite:   N/A   N/A   Mebsite:   N/A   Messite:   N/A   Messite of legal dominite of group exemption number   Messite of legal dominite of group exemption number   N/A   Messite of legal dominite of group exemption number   N/A   Messite of legal dominite of group exemption number   N/A   Messite of legal dominite of group exemption number   N/A   Messite of legal dominite of group exemption number   N/A   Messite of legal dominite of group exemption number   N/A   Messite of legal dominite of group exemption number   N/A   Messite of group e	<u> </u>		IF Name a	AS C A	BOVE	K. MICHAI	JD GIDDI	11(1			
Website: N / A	1 7	ax-exe				)◀ (insert no.	) 4947(a)	(1) or 5			
Refund of organization:   Corporation   Trust   X   Association   Other   L year of formation: 1952   M State of signt domicite General Summary							,	<del>(                                    </del>	<b>—</b>		
Brefly describe the organization's mission or most significant activities. THE ORGANIZATION EXISTS FOR THE PRIMARY PURPOSE OF PROVIDING A CHAPTER HOUSE AND LIVING FACTLITIES  1. Check this box				Corporati	on Trust X	Association	Other >	L Ye			
PRIMARY PURPOSE OF PROVIDING A CHAPTER HOUSE AND LIVING FACILITIES  2 Check this box  Lift the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1a)  5 Total number of individuals employed in calendar year 2018 (Part VI, Reference of the governing body (Part VI, line 1a)  5 Total number of volunteers (estimate if necessary)  6 Total number of volunteers (estimate if necessary)  6 Total number of volunteers (estimate if necessary)  7 Total or unrelated business revenue from Part VIII, column (A) Ine 2018  8 Contributions and grants (Part VIII, line 1b)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 510)  16 Professional fundraising fees (Part IX, column (A), line 4)  16 Total revenues Add lines 13-17 (must equal Part VIII, column (A), line 25)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total alsohities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances Subtract line 21 from line 20  30 Total assets (Part X, line 26)  31 Total expenses of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete Declaration of greparer (other than officer) is based on all information of which preparer has any	Pa										
b Net unrelated business taxable income from Porm 996 Tight 38	ė	1	Briefly describ	oe the organiz	zation's mission or m	nost significant ad	ctivities THE	ORGAL	VIZATION	EXISTS	FOR THE
b Net unrelated business taxable income from Porm 996 Tight 38	anc		PRIMARY								
b Net unrelated business taxable income from Porm 996 Tight 38	ern			-	3	•		posed of m	ore than 25% o	1 1	
b Net unrelated business taxable income from Porm 996 Tight 38	Š									<del></del>	<del>.</del>
b Net unrelated business taxable income from Porm 996 Tight 38	త							CEIV		<del></del>	
b Net unrelated business taxable income from Porm 996 Tight 38	Ē				• •		1221		၂ဗ္ဗု		
b Net unrelated business taxable income from Porm 996 Tight 38	Ş.						AP AP	R 20 21	121   0	<u> </u>	0
Second   Contributions and grants (Part VIII, line 1h)   Second   Contributions and grants (Part VIII, line 2g)   187, 565 . 265, 286	Ā					1 #731				<del></del>	0
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Intersement income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising efees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total assets (Part IX, column (A), line 11e) 19 Total assets (Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Total assets or fund balances Subtract line 21 from line 20 24 Net assets or fund balances Subtract line 21 from line 20 25 Net assets or fund balances Subtract line 21 from line 20 26 Total assets (Part X, line 26) 27 Total assets or fund balances Subtract line 21 from line 20 28 Net assets or fund balances Subtract line 21 from line 20 29 Total assets or fund balances Subtract line 21 from line 20 20 Total assets or fund balances Subtract line 21 from line 20 20 Total assets or fund balances Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 20 Total assets or fund balances Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Total assets or fund balances Subtract line 21 from line 20 24 Net assets or fund balances Subtract line 21 from line 20 25 Net assets or fund balances Subtract line 21 from line 20 26 Subtract line 21 from line 20 27 Total							OG	DEN.I	JT Prior Ye	ar	Current Year
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9	8	Contributions	and grants (I	Part VIII, line 1h)	1					0
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	eun	9	Program serv	ice revenue (f	Part VIII, line 2g)				187		265,286
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Revenue	10	Investment in	come (Part V	III, column (A), lines	3, 4, and 7d)		L			0
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of greparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Primi's name HANCOCK ASKEW & CO., LLP Firm's address 100 RIVERVIEW DRIVE  Sayaannah, GA 31404  Phone no. 912-234-8243  May the IRS discuss this return with the preparer shown above? (see instructions)	_			•	• • •			-	107		<u>~</u>
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0   0   0   0   0   0   0   0   0	_						umn (A), line 12	2)	187		
Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising ese (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 21 Total labilities (Part X, line 26) 21 Total assets of fund balances Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Primity perpearer's name  Preparer  Primity perpearer's name  Preparer's signature  Primity name HANCOCK ASKEW & CO. LLP  Firm's name HANCOCK ASKEW & CO. LLP  Firm's address To Revenue less expenses (Part IX, column (A), line 25) 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_										
19   Revenue less expenses   Subtract line 18 from line 12   -26, 263.   178, 932		1				on (A) lungs 5.1	ω F			0	
19   Revenue less expenses   Subtract line 18 from line 12   -26, 263.   178, 932	Se			· ·			111 (A), 11163 3-1	°'	67		
19   Revenue less expenses   Subtract line 18 from line 12   -26, 263.   178, 932	per			<del>-</del>			6,	441.			· · · · · · · · · · · · · · · · · · ·
19   Revenue less expenses   Subtract line 18 from line 12   -26, 263.   178, 932	Ē					_			146	,802.	79,913
19   Revenue less expenses   Subtract line 18 from line 12   -26, 263.   178, 932	<b>Ó</b>		-	•		· ·	, line 25)				86,354
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  ZACH HANSEN, TREASURER Type or print name and title  Print/Type preparer's name STEPHEN S. LEONARD Firm's name HANCOCK ASKEW & CO., LLP Firm's name HANCOCK ASKEW & CO., LLP Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404  May the IRS discuss this return with the preparer shown above? (see instructions)  Note that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge.    Column		19	Revenue less	expenses Si	ubtract line 18 from	line 12			-26	,263.	178,932
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  ZACH HANSEN, TREASURER Type or print name and title  Print/Type preparer's name STEPHEN S. LEONARD Firm's name HANCOCK ASKEW & CO., LLP Firm's name HANCOCK ASKEW & CO., LLP Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404  May the IRS discuss this return with the preparer shown above? (see instructions)  Note that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge.    Column	s or							<u> </u>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  ZACH HANSEN, TREASURER Type or print name and title  Print/Type preparer's name STEPHEN S. LEONARD Firm's name HANCOCK ASKEW & CO., LLP Firm's name HANCOCK ASKEW & CO., LLP Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404  May the IRS discuss this return with the preparer shown above? (see instructions)  Note that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge.    Column	sset Bala							-	509		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  ZACH HANSEN, TREASURER Type or print name and title  Print/Type preparer's name STEPHEN S. LEONARD Firm's name HANCOCK ASKEW & CO., LLP Firm's name HANCOCK ASKEW & CO., LLP Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404  May the IRS discuss this return with the preparer shown above? (see instructions)  Note that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge.    Column	let A			•	•			-	EAA	1	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  ZACH HANSEN, TREASURER Type or print name and title  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer Use Only Firm's name HANCOCK ASKEW & CO., LLP Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes  Note of the best of my knowledge and belief, it is true in the best of my knowledge and belief, it is true.  100 IV 102 IV 2020  Date  100 IV 2020  PTIN  PTIN  PTIN  58-0662558  Phone no. 912-234-8243	E Pa				es Subtract line 21 f	rom line 20			303	, 100 •	000,121
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  ZACH HANSEN, TREASURER Type or print name and title  Print/Type preparer's name Preparer's signature  Preparer's signature STEPHEN S. LEONARD Preparer Use Only Firm's name HANCOCK ASKEW & CO., LLP Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404  May the IRS discuss this return with the preparer shown above? (see instructions)    Columbia   Check   PTIN   PTIN					have examined this ret	urn, including acco	mpanying sched	lules and stat	ements, and to th	e best of my kn	owledge and belief it is
Sign Here  ZACH HANSEN, TREASURER Type or print name and title  Print/Type preparer's name STEPHEN S. LEONARD Preparer Use Only Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404  May the IRS discuss this return with the preparer shown above? (see instructions)    Colive 2020		•	. , ,,			,	. , ,		•	•	,
ZACH HANSEN, TREASURER   Type or print name and title						· · ·	-	· · · · · · · · · · · · · · · · · · ·		<del></del>	.0
Type or print name and title  Print/Type preparer's name  Preparer's signature  STEPHEN S. LEONARD  Preparer  Firm's name	Sign	,	Signatur	e of officer					Date	3	
Print/Type preparer's name Preparer's signature  STEPHEN S. LEONARD  Preparer  Firm's name	Here	е				ER					
Paid STEPHEN S. LEONARD  Preparer Use Only Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404  May the IRS discuss this return with the preparer shown above? (see instructions)  PAID 17/02/20   Firm's EIN   DO 853002   P00853002   P00853002   Poo853002			,		title				LDoto	<del></del>	. DTIII
Preparer Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)    The proparer   Firm's name   HANCOCK ASKEW & CO., LLP   Firm's EIN   58-0662558   58-0662558				•		Preparer's sig	nature 7	_	1		1
Use Only Firm's address 100 RIVERVIEW DRIVE SAVANNAH, GA 31404 Phone no. 912-234-8243  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No.						CO	an Source	<u>~</u>		U self employed	
SAVANNAH, GA 31404 Phone no. 912 – 234 – 8243  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes N							<u> </u>		Firn	ISEN > 5	0-0002338
May the IRS discuss this return with the preparer shown above? (see instructions)	USE	Unit	ririii s address						Dha	ne no Q12-	234-8243
	Mari	the I	SS discuss the				ructions)		Luid	116 11U. J I Z	
								ctions.			Form <b>990</b> (2018

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2018) BETA ALPHA ASSOCIATION OF THETA XI, INC. 58-6036553 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE ORGANIZATION EXISTS FOR THE PRIMARY PURPOSE OF PROVIDING A CHAPTER
	HOUSE AND LIVING FACILITIES FOR ITS MEMBERS OF THE BETA ALPHA CHAPTER
	OF THETA XI FRATERNITY, WHICH IS LOCATED AT THE GEORGIA INSTITUTE OF TECHNOLOGY IN ATLANTA, GA.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-FZ?  Yes X No
•	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported  (Code ) (Expenses \$ 69,772 • including grants of \$ ) (Revenue \$ 245,266 • )
44	(Code ) (Expenses \$ 69,7/2. including grants of \$ ) (Revenue \$ 245,266.)  THE ASSOCIATION RENTS A CHAPTER HOUSE AND LIVING FACILITIES LOCATED AT
	THE CAMPUS OF THE GEORGIA INSTITUTE OF TECHNOLOGY TO ITS UNDERGRADUATE
	MEMBERS.
	MDEDDING.
	· · · · · · · · · · · · · · · · · · ·
4b	(Code ) (Expenses \$ 1,084 • Including grants of \$ ) (Revenue \$ )
40	(Code) (Expenses \$
	ALLEN JR. THROUGH A DAY OF FESTIVITIES.
	· · · · · · · · · · · · · · · · · · ·
4c	(Code ) (Expenses \$ 2,980 • including grants of \$ ) (Revenue \$ )
	THE ASSOCIATION ENGAGED IN AN ANNUAL HOMECOMING, WHICH GAVE ITS ALUMNI
	A TIME TO CELEBRATE TRADITION, RELIVE MEMORIES AND REDISCOVER GEORGIA
	TECH'S CAMPUS.
	<del></del>
	····
4-	Other program penuses (Departs in Schedule O.)
4d	Other program services (Describe in Schedule O )
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > 73,836.
<u>4e</u>	Total program service expenses ► /3,836.  Form 990 (2018)
	Form 930 (2018)

			res	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			х
_	If "Yes," complete Schedule A	2	_	X
2	Is the organization required to complete Schedule B, Schedule of Contributors			<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	3		<del></del>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	i	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ľ	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	- <del></del>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	y ,			х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (2018) BETA ALPHA ASSOCIA
Part; Vi Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	238		
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	•		
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			V14.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	٣		
<u>-</u>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	х	
ıPar	Note. All Form 990 filers are required to complete Schedule O  tW Statements Regarding Other IRS Filings and Tax Compliance	38		
( <u>Par</u>	Check if Schedule O contains a response or note to any line in this Part V			П
		]	Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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		1	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ا		
	filed for the calendar year ending with or within the year covered by this return			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
Ь	If "Yes," enter the name of the foreign country	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		<u>                                     </u>	ليدا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a				,,
	any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	_ا_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa			├─
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├─
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
_	to file Form 8282?	7c		├
	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		┝
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		├─
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			├─
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	·C? 7h		$\vdash \vdash$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	- P		<del></del>
9	Sponsoring organizations maintaining donor advised funds.  Did the appearance organization make any toyoble distributions under costion 49562	9a	<del> </del>	╟──
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter	30		$\vdash$
а	Initiation fees and capital contributions included on Part VIII, line 12	0.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	0.	Ì	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		· · · · · ·
	if "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	
14a		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			ليا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	$oxed{oxed}$	X
	If "Yes," complete Form 4720, Schedule O		بيا	
		Forn	990	(2018)

Form 990 (2018) BETA ALPHA ASSOCIATION OF THETA XI, INC. 58-6036553 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a /			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0			
b	Enter the number of voting members included in line 1a, above, who are independent  [1b]	l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<b> </b>		<del></del>
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	Х
6	Did the organization have members or stockholders?	6	X	<b>-</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _	v	
	more members of the governing body?	7a	X	<b></b>
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		v	
	persons other than the governing body?	7b	Х	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		- <del></del>	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			-
<del></del>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		1/	
40-	Delthe conservation have been been been been been been as effective.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
44	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	- <u> </u> -		<del>  ^</del>
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del></del>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this was done	12c		
13		13		Х
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	├ <del>`</del> ~		<del></del>
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
,	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			İ
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply	,		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
=	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ZACH HANSEN - 678-457-7725			
	541 10TH STREET #109, ATLANTA, GA 30318			

Form 990 (2018)	BETA	ALPHA	ASSOCIATION	OF	THETA	XT.	TNC.	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization in	or any related	orga	<u>anız</u> a	<u>atio</u> r	CO	mpe	nsat	ted any current officer, of	director, or trustee	
(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average hours per	(do	(do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week					or/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	ee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truster	Institutional Irustee		yee	mpen		(***2/1099***********************************		and related
	below	/dual	tution	el	Key employee	est co loyee	듈			organizations
	line)	휼	ılstı	Officer	Key	喜	Former			
(1) MICHAEL GILBERT	2.00								_	
PRESIDENT	4 00	Х		X	_	<u> </u>	_	0.	0.	0.
(2) MICHAEL BONIFACIO	1.00									
VICE PRESIDENT		Х	L	X	_	L	ļ	0.	0.	0.
(3) ZACH HANSEN	2.00	,,						0	_	_
TREASURER (4) MASON ELLEDGE	2.00	Х		Х	├-	├	├—	0.	0.	0.
SECRETARY	2.00	x		х				0.	0.	0.
(5) ADAM BORSCH	4.00	^	┢╾	_	⊢	⊢		0.	0.	<u> </u>
HOUSE MANAGER	4.00	x		х				0.	0.	0.
(6) TJ KAPLAN	0.50	<del>                                     </del>	$\vdash$		$\vdash$	┢				
ALUMNI-AT-LARGE		x		х				0.	0.	` 0.
(7) JUSTIN MOORE	0.50									<u>-</u>
UNDERGRADUATE-AT-LARGE		Х		Х				0.	0.	0.
		<u> </u>	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		_	$oxed{oxed}$	ldash			
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Form **990** (2018)

Form 990 (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue , Gifts, Grants 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations Contributions, ( e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 721310 245,266. 245,266. Program Service Revenue 2 a HOUSING DUES 20,020. 20,020. PROCEEDS FROM CAPITAL 721310 f All other program service revenue 265,286. g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 265,286. 265,286. Total revenue. See instructions

Se	ction	501(	c)(3) and 501(c)(4) organizations must co	mplete all columns	All other organizations must complete column (A)	

	. Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		· · · · · · · · · · · · · · · · · · ·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management	218.		218.	
	Legal	3,750.		3,750.	
_	Accounting	3,730.		3,730.	
d	Lobbying Professional fundraising services. See Part IV, line 17	6,441.			6,441.
f	Investment management fees	0,111.			0,111
· a	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	1,140.		1,140.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,064.	4,064.		
20	Interest				
21	Payments to affiliates	24 245	21 245		
22	Depreciation, depletion, and amortization	31,345.	31,345. 7,627.		
23	Insurance	7,627.	1,041.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROPERTY TAX	22,892.	22,892.		
b	PEST CONTROL	4,044.	4,044.		
С	FIRE	3,148.	3,148.		
d	HOUSE MAINTENANCE	716.	716.		
е	All other expenses	969.		969.	
25	Total functional expenses. Add lines 1 through 24e	86,354.	73,836.	6,077.	6,441.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				5 000 (0040)

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	٠		(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing	95,884.	1	289,962.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 990,780.	·		
	b	Less accumulated depreciation 10b 689,584.	332,541.	10c	301,196
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	80,763.	15	96,963
	16	Total assets. Add lines 1 through 15 (must equal line 34)	509,188.	16	688,121.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
La La		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		05	
	26	Schedule D Tatal liabilities Add less 17 through 25	0.	25	0.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	0.	26	0.
<u>ر</u>		complete lines 27 through 29, and lines 33 and 34.			
če	27	Unrestricted net assets		27	
ıları	28	Temporarily restricted net assets		28	
186	29	Permanently restricted net assets		29	<u> </u>
Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
F		and complete lines 30 through 34.	ļ		
ts c	30	Capital stock or trust principal, or current funds	0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	509,188.	32	688,121.
Š	33	Total net assets or fund balances	509,188.	33	688,121.
	~	Total liabilities and net assets/fund balances	509,188.	34	688,121.

Form **990** (2018)

	990 (2018) BETA ALPHA ASSOCIATION OF THETA XI, INC.	58-	-603655	3 Pa	ige 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	<u>165,2</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		86,3	
3	Revenue less expenses Subtract line 2 from line 1	3		.78,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	09,1	.88
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	10	$\epsilon$	88,1	20.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				بلل
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		[	Yes	No
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	O	<u></u>	_	X
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	dona	<u>⊢</u>	<del>-</del>	+
	separate basis Consolidated basis Both consolidated and separate basis	JOHA	_		
b	Were the organization's financial statements audited by an independent accountant?		_2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,	ŀ	
	consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis		<u></u>	_	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,	1	
	review, or compilation of its financial statements and selection of an independent accountant?		_2	<u>c                                    </u>	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	)  _	_	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt		
	Act and OMB Circular A-133?		<u>  3</u>	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit		}
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	-	Щ.
			Fo	rm <b>990</b>	(2018)

## SCHEDULE D

(Form 990) ,

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BETA ALPHA ASSOCIATION OF THETA XI, INC.

Employer identification number 58-6036553

<b>P</b> a	til	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line	e 6	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year)		<del>-</del>
3	-	egate value of grants from (during year)		
4		egate value at end of year		
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor adv	sed funds
		e organization's property, subject to the organization's e	•	Yes No
6		e organization inform all grantees, donors, and donor ac	<u> </u>	e used only
		aritable purposes and not for the benefit of the donor or		
		missible private benefit?		Yes No
(Pa		Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7
1	Purpo	ose(s) of conservation easements held by the organization	on (check all that apply)	
		Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
		Protection of natural habitat	Preservation of a cer	tified historic structure
		Preservation of open space		
2	Comp	olete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day o	f the tax year		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
c	Numb	per of conservation easements on a certified historic stru	icture included in (a)	2c
d	Numb	per of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	ture
	listed	in the National Register		2d
3	Numb	per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year 🕽	<b>&gt;</b>		
4	Numb	per of states where property subject to conservation eas	ement is located >	
5	Does	the organization have a written policy regarding the peni	odic monitoring, inspection, handling of	
	violati	ons, and enforcement of the conservation easements it	holds?	└ Yes
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
	▶ _			
7	Amou	int of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation easements during the year
	▶\$			
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		└─ Yes
9		t XIII, describe how the organization reports conservation	•	
	ınclud	le, if applicable, the text of the footnote to the organizati	on's financial statements that describes	s the organization's accounting for
		ervation easements		
<u>[R</u> a	<u>itillil</u>	Organizations Maintaining Collections of	Art, Historical Treasures, or C	other Similar Assets.
		Complete if the organization answered "Yes" on Form		
1a		organization elected, as permitted under SFAS 116 (ASC		
		ical treasures, or other similar assets held for public exhi		ance of public service, provide, in Part XIII,
		ext of the footnote to its financial statements that describ		
ь		organization elected, as permitted under SFAS 116 (ASC		
	treasu	ures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pi	ublic service, provide the following amounts
		ng to these items		
		evenue included on Form 990, Part VIII, line 1		<b>5</b>
		ssets included in Form 990, Part X		<b>&gt;</b> \$
2		organization received or held works of art, historical trea		al gain, provide
		illowing amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items	
а		nue included on Form 990, Part VIII, line 1		<b>5</b>
h	Accet	s included in Form 990. Part X		<b>►</b> \$

	t III Organizations Maintaining C	Collections of A					_			Page 2					
	Using the organization's acquisition, access														
3		ion, and other recon	us, criec	k arry or trie	Hollowing the	at are a	sigriiii	Jani use of its	CONCULOR	i items					
_	(check all that apply)  Public exhibition		. $\Box$	l oan or ove	hange progr	ame									
a b	Scholarly research	•		Other	mange progr	airis									
	Preservation for future generations	•	<u> </u>	Other		_									
C A	· · · · · · · · · · · · · · · · · · ·	allostions and avala	n how t	hav fræthar t	ha araanizat	100's 0v	omet i	ournoss in Da	od VIII						
4	Provide a description of the organization's c During the year, did the organization solicit of	•		=	-				II L AIII						
5	to be sold to raise funds rather than to be m					ier Sirilla	ar a551	;is 	Yes	□ No					
Pai	TIV Escrow and Custodial Arran					"Ves" or	a Fore	000 Part IV							
	reported an amount on Form 990, Pa		ete ii tile	organizatio	on answered	165 0	11 011	1 550, Fait IV	, iii le 3, 0i						
12	Is the organization an agent, trustee, custod		diany for	contribution	ns or other as	ssets no	tuncli	ded							
14	on Form 990, Part X?	arr or other interme	alary ioi	COMMIDGIO	is or other at	33013110		Г	Yes	□ No					
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				_	163						
J	Tes, explain the analigement in the areas	and complete the re	Jiiowiiig	10010			Γ	T	Amount						
	c Beginning balance														
	Additions during the year							1d							
e	Distributions during the year							1e							
f	Ending balance							1f							
	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or c	ustodial acco	ount liab	ــ اlitv?		Yes	No					
	If "Yes," explain the arrangement in Part XIII						-								
Pai															
	•	(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) T	ree years back	(e) Four	years back					
1a	Beginning of year balance	,		•											
b	Contributions														
С	Net investment earnings, gains, and losses														
d	Grants or scholarships														
е	Other expenditures for facilities														
	and programs														
f	Administrative expenses														
g	End of year balance														
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (	a)) held as										
а	Board designated or quasi-endowment		_%												
b	Permanent endowment	%													
С	Temporarily restricted endowment ▶	%													
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%													
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for	the or	ganızatıon	_						
	by									Yes No					
	(i) unrelated organizations								3a(ı)	<b>.</b>					
	(ii) related organizations								3a(iı)						
b	If "Yes" on line 3a(ii), are the related organization				)				3b						
4	Describe in Part XIII the intended uses of the		owment	funds											
Pai	t VI Land, Buildings, and Equipm					_									
	Complete if the organization answere			<u> </u>											
	Description of property	(a) Cost or o			t or other			ulated	(d) Book	value					
		basis (investi	ment)		(other)	de	precia	ation	100	001					
	Land	<u> </u>			8,801.		<u> </u>	E 0 4		8,801.					
	Buildings	<u> </u>		86	1,979.		פסס	,584.	1/2	395.					
	Leasehold improvements	<u> </u>													
	Equipment														
	Other			(D) :	1				2 0 1	106					
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	iuc)				201	,196.					

	ASSOCIATION	OF THETA XI,	INC. 58-60	36553 Page <b>3</b>
Part VII Investments - Other Securities.	F 000 B-+ W b-	44b, C Farm 000 D-	- V I 10	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		ation Cost or end-of-ye	ear market value
(1) Financial derivatives	(b) Book value	(c) Welliod of Valu	audit dost of end-of ye	sar market value
(1) Financial derivatives (2) Closely-held equity interests	<del></del>	<del></del>		
(2) Other				
(A)				
(B)				
(C)				
(D)				
(E)	, ,			
(F)			_	
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valu	ation Cost or end-of-ye	ear market value
(1)		_		
(2)				
(4)				
(5)				
(6)				
(7)	<u></u>	<del></del>		
(8)				
(9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		-		
Part IX Other Assets.	<u> </u>	l		
Complete if the organization answered "Yes"	on Form 990 Part IV lu	ne 11d. See Form 990. Pa	rt X line 15	
	Description	10 114 000 10111 000,14		(b) Book value
(1) CONSTRUCTION IN PROGRESS	<u>·</u>			96,963.
(2)				<u></u>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		<b>▶</b>	96,963.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III		90, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)		<u>-</u>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin				
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under				

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 BETA ALPHA ASSOCIATION OF			3 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statement	ents With Revenue i	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	! <u> </u>		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
Ь	Prior year adjustments	2b		
С	Other losses	2c		
đ	Other (Describe in Part XIII)	2d ]		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	•
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add			
		· · · · · · · · · · · · · · · · · · ·		

## **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BETA ALPHA ASSOCIATION OF THETA XI, INC.

Employer identification number 58-6036553

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR ITS MEMBERS OF THE BETA ALPHA CHAPTER OF THETA XI FRATERNITY, WHICH
IS LOCATED AT THE GEORGIA INSTITUTE OF TECHNOLOGY IN ATLANTA, GA.
FORM 990, PART VI, SECTION A, LINE 6:
THERE ARE TWO CLASSES OF MEMBERS, UNDERGRADUATE MEMBERS AND ALUMNI MEMBERS.
THERE ARE ABOUT 100 UNDERGRADUATE MEMBERS AND ABOUT 900 ALUMNI MEMBERS,
INCLUDING 7 BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
ALL OFFICERS ARE ELECTED BY RECEIPT OF A SIMPLE MAJORITY OF VOTES CAST BY
THE MEMBERS. AN UNDERGRADUATE MEMBER IN GOOD STANDING GAINS VOTING
PRIVILEGES DURING HIS FINAL SEMESTER AS AN UNDERGRADUATE STUDENT AT THE
GEORGIA INSTITUTE OF TECHNOLOGY AFTER PAYING THE ASSOCIATION'S MEMBERSHIP
FEE. ALL ALUMNI MEMBERS IN GOOD STANDING HAVE VOTING PRIVILEGES.
FORM 990, PART VI, SECTION A, LINE 7B:
CERTAIN DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL
THROUGH MAJORITY VOTE BY THE MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE TREASURER REVIEWS THE FORM 990 BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization  BETA ALPHA ASSOCIATION OF THETA XI, INC.	Employer identification number 58-6036553
WE ARE AMENDING THIS RETURN TO REPORT \$20,020 OF 2018 PRO	CEEDS FROM
CAPITAL CAMPAIGN THAT WAS NOT REPORTED ON THE 2018 RETURN	. PART I TOTAL
REVEUE INCREASED BY \$20,020 WHICH INCREASED RECONCILIATION	N OF NET
ASSETS PART XI BY \$20,020 TO A TOTAL NET INCOME OF \$198,9	53. PART VIII
INCREASED BY 20,020	
TO \$265,286.	
•	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	····
	·

Schedule O (Form 990 or 990-EZ) (2018)

. . . . .

832212 10-10-18

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

INC.

THETA XI,

BETA ALPHA ASSOCIATION OF

OMB No 1545-0047

2018 Open to Public Inspection

Employer identification number 58-6036553

entity

Direct controlling End-of-year assets (e) Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity <u>a</u> Name, address, and EIN (if applicable) of disregarded entity Part

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

	2(b)( 13) led	S S			×			×			
(6)	Section 512(b)(13) controlled	Yes									
(£)	Direct controlling	dilling.									
(e)	Public chanty	501(c)(3))						PF			
(p)	Exempt Code	Section			501(C)(7)			501(C)(3)			
(0)	Legal domicile (state or	Toreign country)			MISSOURI			MISSOURI			
(q)	Primary activity		PARENT ORGANIZATION	PROVIDING EDUCATIONAL	PROGRAMMING AND SUPPORT		FOUNDATION OF THE PARENT	ORGANIZATION			
(e)	Name, address, and EIN	or related organization	THETA XI FRATERNITY - 43-0549670	745 CRAIG ROAD, SUITE 222	ST. LOUIS, MO 63141	THETA XI FOUNDATION - 43-6049500	P.O, BOX 411393	ST. LOUIS, MO 63141			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Page 2

Schedule R (Form 990) 2018 BETA ALPHA ASSOCIATION OF THETA XI, INC.

58-6036553

Fart III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(j) (k) General or Percentage managing ownership	:		e related	(i) Section 512(b)(13) controlled antity?			Schedule R (Form 990) 2018
General or managing partner?			one or mo	(h) Percentage ownership			R (Form
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			, because it had o	(g) Share of Per end-of-year ow assets			Schedule
ortionale nons?			V, line 34			1	
			n 990, Part I	(f) Share of total income			
(g) Share of end-of-year assets			Yes" on Forr	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			answered "				
Predominant income (related, unrelated, excluded from tax under sections 512-514)			ne organization	(d) Direct controlling entity			
F .			omplete if tl	(c) Legal domicile (state or foreign country)			
(d) Direct controlling entity			poration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related x year	(b) Primary activity			
(c) Legal domicile (state or foreign			as a Corporting the tax	Pri			
(b) Primary activity			janizations Taxable poration or trust duri	Z			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization			832162 10-02-18

Page 3 58-6036553

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Ŷ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more re	lated organizations listed	ın Parts II-IV?		٠	
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	irty			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				₽		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan quarantees by related organization(s)				9		×
f Dividends from related organization(s)				<b>=</b>		×
g Sale of assets to related organization(s)				19		×
				ŧ		×
Exchange of assets with related organization(s)				=		×
Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
l Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganızatıon(s)			E		×
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			ŧ		×
<ul> <li>Shanng of paid employees with related organization(s)</li> </ul>				10		×
<b>p</b> Reimbursement paid to related organization(s) for expenses				4		X
q Reimbursement paid by related organization(s) for expenses				10		×
r Other transfer of cash or property to related organization(s)				=		×
s Other transfer of cash or property from related organization(s)				15		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	n who must complete th	iis line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
•						
(2)						
(5)						
(4)						
(5)						
(9)						
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Schedule R (Form 990) 2018 BETA ALPHA ASSOCIATION OF THETA XI, INC.

Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k)	ercentage ownership																																	Schedule R (Form 990) 2018
3	neral or P naging itner?	Yes No												L				T								L			_	1				(Form
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Ξ	amount in box 20 managing ownership of Schedille K-1 partner?	(Form 1065																											_					Sched
Ξ	Dispropor- lionale altocations?	Yes No												-				_								$\vdash$				+				
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(6)	Share of end-of-year	assets																																
(J)	Share of total	псоте																																
(e)	partners sec 501(c)(3) ords?	Yes No																L				_	-							$\downarrow$	_			
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(a) (b) (c) (d)	Predominant income (related, unrelated, excluded from tax index	sections 512-514																																
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(0)	Legal domicile (state or foreign	country)																																
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9	Primary activity																																	
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Schedule R	(Form 990) 2018 Supplemental Ir	BETA	ALPHA	ASSOCIATION	OF	THETA	XI,	INC.58-6036553	Page 5
Part VII	Şupplemental Ir	formation.							
	Provide additional inf	ormation for res	ponses to	questions on Schedule F	R See	instructions			
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